



***CMS-1500 & UB-04***

**IHCP 2019**  
Annual Seminar

  
**CareSource**<sup>®</sup>



# *Agenda*

## **About CareSource**

## **CareSource Claims**

## **Claim Submission**

- Electronic
- Paper

## **Provider Payment Processing**

- New Vendor
- Payment Options

## **Claim Concerns**

- Disputes/Appeals

## **Updates/Reminders**

- Newborns
- Prior/Retro Authorization for Ancillary Providers
- Member Billing
- Updates and Announcements

## **Important Updates**

- Duplicate Modifiers
- Inpatient Hospital Pre-payment claim reviews
- Retrospective Authorizations for Advanced Life Support (ALS)

## **CareSource Health Partner Contacts**

# About CareSource

## OUR MISSION:

To make a **lasting difference** in our members' lives by **transforming** their health and well-being

## OUR PLEDGE:

- ✓ Make it easier for you to work with us
- ✓ Partner with providers to help members make healthy choices
- ✓ Direct communication
- ✓ Timely and low-hassle medical reviews
- ✓ Accurate and efficient claims payment







## *Submitting Institutional and Professional Claims*

# CareSource Claims

## Billing Methods

CareSource accepts claims in a variety of formats:

- Electronic claims submitted through a clearinghouse
- Claim data submitted directly via our provider portal
- Postal mail

We encourage health partners to ***submit claims electronically*** for faster processing, reduced administrative costs, decreased probability of error and faster feedback on claims status.



# CareSource Claims

## Timely Filing

- For in-network providers, claims must be submitted within **90 calendar days** of the date of service or discharge.
- For out-of-network providers, claims must be submitted **within 180 calendar days** of the date of service or discharge.

We will not be able to pay a claim if there is incomplete, incorrect or unclear information on the claim.

## **Exceptions:**

- **Coordination of Benefits (COB):** The claim and primary payer's explanation of payment (EOP) must be submitted to us within **90 calendar days** from the primary payer's EOP date. If a copy of the claim and EOP is not submitted within the required time frame, the claim will be denied for timely filing.



# CareSource Claims

## NPI, Tax ID and Taxonomy

The National Provider Identifier (NPI) number, Tax Identification Number (TIN) and Taxonomy Code are ***required on all claims***.

- UB-04 Claim – billing provider service location name, address and expanded ZIP Code + 4 in form field 1
- UB-04 Claim – 10 digit NPI for the billing provider in form field 56
- 1500 Claim – billing provider taxonomy code is required in 33b
- 1500 Claim – billing provider NPI is required in 33a

Please contact your Electronic Data Interchange (EDI) vendor to find out where to use the appropriate identifying numbers on the forms you are submitting to the vendor.

## Rendering Provider Linkage

Health partners must be linked to all rendering locations in CoreMMIS. If not, claims will reject.



# CareSource Claims

Box 33 of CMS-1500 Claim & form field 1 of the UB-04 **must** have the provider service location name, address and the ZIP code + 4 as listed on the IHCP provider enrollment profile.

PO Boxes **will not** be accepted in box 33. Please refer to:

<http://provider.indianamedicaid.com/ihcp/Banners/BR201820.pdf>





# ***Electronic Claims Submission***

To submit claims electronically, health partners must work with an electronic claims clearinghouse. We currently accept electronic claims through the clearinghouses listed below.

Please provide the clearinghouse with the CareSource payer ID number **INCS1**

CLEARINGHOUSE	PHONE	WEBSITE
Availity (RealMed)	1-800-282-4548	<a href="http://www.availity.com">www.availity.com</a>
Change Healthcare (formerly Emdeon)	1-800-845-6592	<a href="http://www.chargehealthcare.com">www.chargehealthcare.com</a>
Quadax	1-440-777-6305	<a href="http://www.quadax.com">www.quadax.com</a>
Relay Health (McKesson)	1-866-735-2963	<a href="http://connectcenter.relayhealth.com">connectcenter.relayhealth.com</a>



# ***Billing Provider NPI – CMS 1500***

**On 837P professional claims, the billing provider NPI should be in the following location:**

## **2010AA Loop – Billing Provider Name**

- Identification Code Qualifier – NM108 = XX
- Identification Code – NM109 = Billing Provider NPI

## **2310B Loop – Rendering Provider Name**

- Identification Code Qualifier – NM108 = XX
- Identification Code – NM109 = Rendering Provider NPI

**The billing provider Tax Identification Number (TIN) must be submitted as the secondary provider identifier using a REF segment which is either the EIN for the organization or the SSN for individuals:**

- Reference Identification Qualifier – REF01 = E1 (for EIN) or SY (for SSN)
- Reference Identification – REF02 = Billing Provider TIN or SSN

**On all electronic claims, the Member ID number should go on:**

- 2010BA Loop – Subscriber Name
- NM109 = Member ID Name



# ***Billing Provider NPI – UB04***

**On 837I Institutional claims, the billing provider NPI should be in the following location:**

## **2010AA Loop – Billing Provider Name**

- Identification Code Qualifier – NM108 = XX
- Identification Code – NM109 = Billing Provider NPI

## **2310B Loop – Rendering Provider Name**

- Identification Code Qualifier – NM108 = XX
- Identification Code – NM109 = Rendering Provider NPI

**The billing health partner TIN must be submitted as the secondary provider identifier using a REF segment which is either the EIN for the organization or the SSN for individuals:**

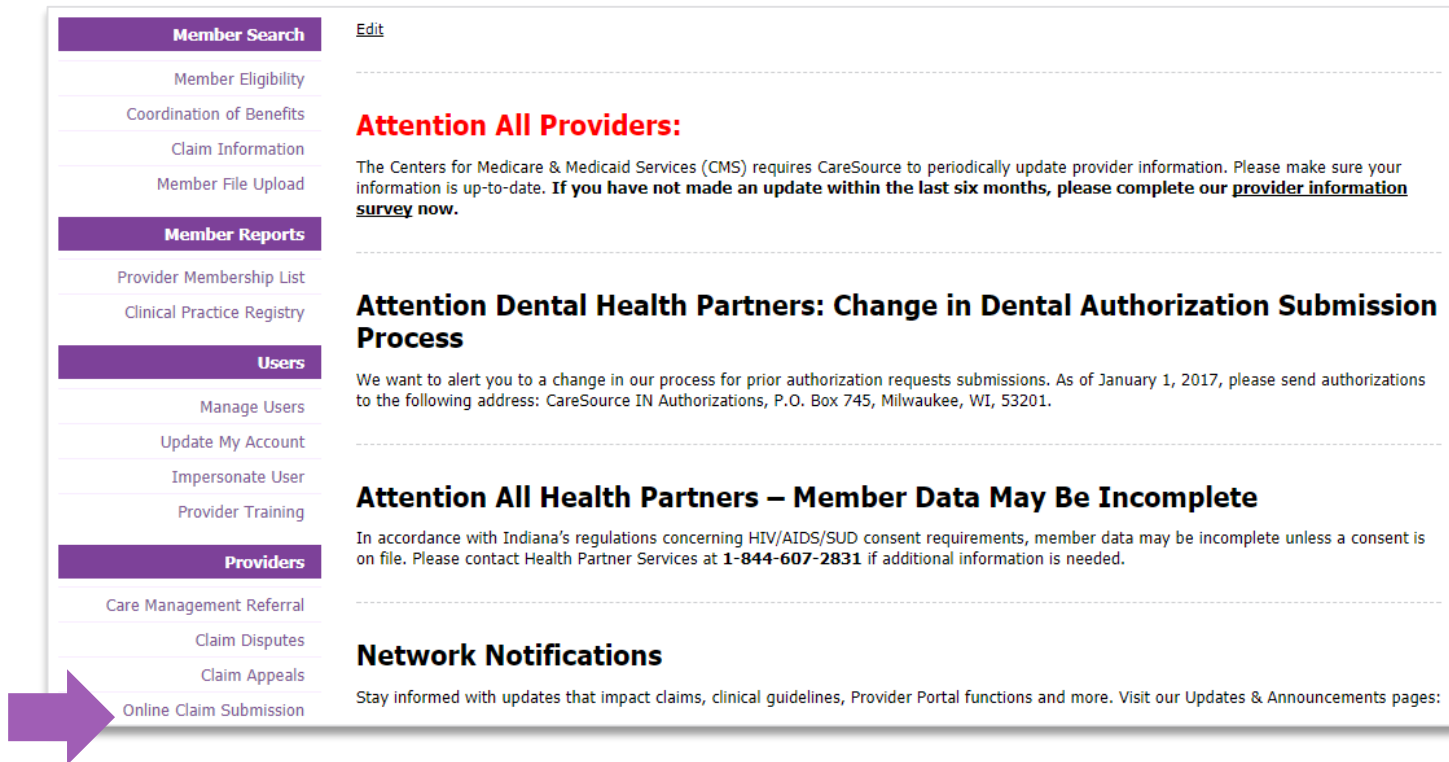
- Reference Identification Qualifier – REF01 = E1 (for EIN) or SY (for SSN)
- Reference Identification – REF02 = Billing Provider TIN or SSN

**On all electronic claims, the Member ID number should go on:**

- 2010BA Loop – Subscriber Name
- NM109 = Member ID Name



# Online Claim Submission



The screenshot shows the CareSource provider portal interface. On the left is a navigation menu with categories: Member Search, Member Reports, Users, and Providers. The Providers category is expanded, showing options like Care Management Referral, Claim Disputes, Claim Appeals, and Online Claim Submission. A large purple arrow points to the 'Online Claim Submission' link. The main content area on the right contains several announcements: an 'Edit' link, an 'Attention All Providers' notice about updating provider information, an 'Attention Dental Health Partners' notice about a change in authorization submission process, an 'Attention All Health Partners – Member Data May Be Incomplete' notice, and a 'Network Notifications' section.

**Member Search** [Edit](#)

Member Eligibility  
Coordination of Benefits  
Claim Information  
Member File Upload

**Member Reports**

Provider Membership List  
Clinical Practice Registry

**Users**

Manage Users  
Update My Account  
Impersonate User  
Provider Training

**Providers**

Care Management Referral  
Claim Disputes  
Claim Appeals  
Online Claim Submission

**Attention All Providers:**

The Centers for Medicare & Medicaid Services (CMS) requires CareSource to periodically update provider information. Please make sure your information is up-to-date. **If you have not made an update within the last six months, please complete our [provider information survey](#) now.**

**Attention Dental Health Partners: Change in Dental Authorization Submission Process**

We want to alert you to a change in our process for prior authorization requests submissions. As of January 1, 2017, please send authorizations to the following address: CareSource IN Authorizations, P.O. Box 745, Milwaukee, WI, 53201.

**Attention All Health Partners – Member Data May Be Incomplete**

In accordance with Indiana's regulations concerning HIV/AIDS/SUD consent requirements, member data may be incomplete unless a consent is on file. Please contact Health Partner Services at **1-844-607-2831** if additional information is needed.

**Network Notifications**

Stay informed with updates that impact claims, clinical guidelines, Provider Portal functions and more. Visit our Updates & Announcements pages:

Under Providers, click on “**Online Claim Submission**”.



# Online Claim Submission

The screenshot shows the CareSource online claim submission interface. A purple arrow labeled "1. Select New Claim" points to the "New Claim" button in the top navigation bar. Another purple arrow labeled "2. Select Providers" points to the "Providers" dropdown menu in the "Path" section, which is currently set to "1400000000 - Default Provider". A third purple arrow labeled "3. Select DocType" points to the "DocType" dropdown menu, which is currently set to "HCFA". A fourth purple arrow labeled "4. Select Create" points to the "Create" button at the bottom of the form. The form includes fields for "Document Type ID" (set to "H"), "Creation Time" (set to "20170808082900"), and "Sub. Path" (set to "/2017/08/"). The left sidebar contains a search bar and a list of fields to be filled out, including DCN, Member ID, Insured ID, Fed Tax ID, Patient Last Name, Patient First Name, Patient DOB, Insured Last Name, Insured First Name, Insured DOB, Step, State, Creator, Date, Edit Complete Date, Submit Date, Batch Name, and Enter Batch Name.

**1. Select New Claim**

**2. Select Providers**

**3. Select DocType**

**4. Select Create**

1. Select **"New Claim"**.

2. Select **"Providers"** from the dropdown menu.

3. Select **"DocType"**.

4. Select **"Create"**.



# Online Claim Submission

Form Part 1		Form Part 2		Form Part 3		Form Part 4		Attachments	
DCN HZ0170807013253_0424904		Mail Receive Date 17219		State ID <Select>		Doc Type Professional		<input type="button" value="Submit"/> <input type="button" value="Save"/> <input type="button" value="Delete"/>	
Medicare: <input type="radio"/> Medicaid: <input type="radio"/> Tricare: <input type="radio"/> Champva: <input type="radio"/> Group: <input type="radio"/> FECA: <input type="radio"/> Other: <input type="radio"/>						1a. Insured's ID Number			
2. Patient's Name (Last, First, Middle Initial)				3. Patient's Birth Date Sex M: <input type="radio"/> F: <input type="radio"/>		4. Insured's Name (Last, First, Middle Initial)			
5. Patient's Address (No., Street)				6. Patient Rel To Insured Sif: <input type="radio"/> Spous: <input type="radio"/> Child: <input type="radio"/> Othr: <input type="radio"/>		7. Insured's Address (No., Street)			
Patient's City		State		8. Reserved for NUCC Use		Insured City		State	
Patient's Zip		Patient's Phone				Insured_Zip		Insured_Phone	
9. Other Insured Name (Last, First, Middle Initial)				10. Patient Cond Related To		11. Insured's Policy Group or FECA Number			
a. Other Insured's Policy or Group Number				a. Employment? Yes: <input type="radio"/> No: <input type="radio"/>		a. Insured's Date Of Birth Sex M: <input type="radio"/> F: <input type="radio"/>			
b. Reserved for NUCC Use				b. Auto Accident? Place(State) Yes: <input type="radio"/> No: <input type="radio"/>		b. Other Claim ID			
c. Reserved for NUCC Use				c. Other Accident? Yes: <input type="radio"/> No: <input type="radio"/>		c. Insurance Plan Name or Program Name			
d. Insurance Plan Name Or Program Name				10d. Claim Codes		d. Is There Another Health Benefit Plan? Yes: <input type="radio"/> No: <input type="radio"/>			
12. Patient's or Authorized's Person's Signature Signed <input type="checkbox"/>				Date		13. Insured's or Authorized's Person's Signature Signed <input type="checkbox"/>			

Continue to complete each form and finish by clicking **“Submit”**.





# *Paper Claim Submission*

## UB 04 or CMS 1500 Paper Claims

- Submission must be done using the most current form version as designated by CMS.

**CareSource does not accept handwritten claims, black and white claim forms or SuperBills.**

- Detailed instructions for completing the UB 04 are available at <http://provider.indianamedicaid.com/general-provider-services/provider-reference-materials.aspx>

**Please note:** On paper UB 04 claims, the billing providers NPI number should be placed in Box 56.

- Detailed instructions for completing the CMS 1500 are available at <http://provider.indianamedicaid.com/media/155451/claim%20submission%20and%20processing.pdf>

**Please note:** On paper 1500 claims, the rendering NPI number should be placed in Box 24J and the billing provider NPI number in Box 33a and Group Taxonomy in 33b.



# ***Paper Claim Submission***

## **To ensure optimal claims processing timelines:**

- Use only original claim forms; do not submit claims that have been photocopied or printed from a website.
- Font should be 10-14 point with printing in **black ink**.
- Do not use liquid correction fluid, highlighters, stickers, labels or rubber stamps.
- Ensure printing is aligned correctly so that all data is contained within the corresponding boxes on the form.
- NPI, TIN and taxonomy are required for all claim submissions.

**Send all paper claim forms to CareSource at:**

CareSource  
Attn: Claims Department  
P.O. Box 3607  
Dayton, OH 45401





# *Provider Payment Processing*



# ***Provider Payment Processing***

## **Payment methods offered by ECHO Health, Inc.:**

- Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA)
- Virtual Card Payment
- Paper Check



# ***Provider Payment Processing***

Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA)  
(Preferred method of payment for CareSource)

To register, please visit

<http://view.echohealthinc.com/eftera/EFTERAInvitation.aspx?tp=MDAxODk=>

You will need:

- Your CareSource Provider ID (available via the Provider Portal or by calling Provider Services at (1-844-607-2831))
- Your bank routing number and bank account number

If already registered with ECHO, please have the following available to expedite registration:

- ECHO provider portal credentials or Tax Identification Number (TIN)
- An ECHO draft number and draft amount (you may use any ECHO draft number and corresponding draft amount issued to you by ECHO) to authenticate your registration

\*When signing up without a previous payment from ECHO, select “Enroll using Enrollment Code.” Enter your CareSource Provider ID as your Enrollment Code.



# ***Provider Payment Processing***

## Virtual Card Payment

Standard credit card processing & transaction fees apply. Fees are based on your credit card processor's fees and your current banking rates. ECHO does not charge any additional fee for processing.

- For each payment transaction, a credit card number unique to that payment transaction is sent either by secure fax, or by mail.
- Processing these payments is similar to accepting and entering patient payments via credit card into your payment system.





# ***Provider Payment Processing***

## **Paper Check Payment**

If your office would prefer to receive check payments, please call ECHO Support at 1-888-485-6233.

\*\*\*\*\*Please note, for the security of your personal information, **CareSource cannot convert your banking information from InstaMed to ECHO.** If you do not proactively register with ECHO for EFT payments from CareSource, your payment method will default to QuicRemit Virtual Card Payment (VCP) or paper check.





## *How to Resolve a Claim Concern*



# ***Claim Concerns***

## **Claim Status**

Claim status is updated daily on the CareSource Provider Portal. You can check claims that were submitted for the previous 24 months.

### **Additional information on the portal:**

- Determine reason for payment or denial
- Check numbers and dates
- Procedure/diagnosis
- Claim payment date
- View and print remittance advice
- Check status of claim disputes or appeals



# Claim Concerns

## Corrected Claims

- In alignment with Indiana Health Coverage Programs claim adjustment policy, providers have **60 calendar days** from the date of the explanation of payment (EOP) to submit a corrected claim for a paid claim, even if the claim paid \$0, or **60 calendar days** from the date of receipt of the claim decision notification to file a claim dispute. A denied claim that is resubmitted with corrected information is considered to be an initial claim and, as such, is subject to the 90-day timely filing limit. If a claim is submitted with incorrect or unclear information, health partners have **60 calendar days** from the date of service or discharge to submit a corrected claim.
- **UB 04** claims, the health partner must include the original CareSource claim number in Box 64 and a valid type of bill frequency code in Box 4 per industry standards.
- **CMS 1500** claims, the health partner must include the original CareSource claim number and a frequency code of “7” per industry standards. When submitting a corrected or voided claim, enter a “7” in the left-hand side of Box 22 and the original claim number in the right-hand side of that box.

**Please note:** If a corrected claim is submitted without this information, the claim will be processed as an original claim or rejected/denied as a duplicate.



# ***Claim Concerns***

## **Claim Dispute**

**Definition:** A providers first response disagreeing with the adjudication of a claim.

- Available for participating and non-participating providers

All disputes must be:

- Submitted in writing via the CareSource Provider Portal or on paper
- Submitted within 60 days after receipt of the EOP
- Completed **prior** to requesting an appeal

If CareSource fails to render a determination for the dispute within **30 days** after receipt, an appeal may be submitted.



# Claim Concerns

## Claim Appeals

[CareSource.com/documents/in-med-provider-clinicalclaim-appeal-form/](https://www.caresource.com/documents/in-med-provider-clinicalclaim-appeal-form/)

- May only submit appeal **after** completing dispute process
- Must be submitted within **60 days** of the resolution of the dispute determination OR if dispute was not responded to timely, appeal must be filed w/in **60 days** after the **30 day** dispute response window.
- CareSource must issue a written decision **45 days** of receipt of the written request for appeal
- If CareSource does not resolve appeal within the **45 day** timeframe, the appeal will be determined to be in favor of the provider
- May submit via the CareSource Provider Portal, fax (937-531-2398), or by paper to:  
Claim Appeals Department  
P.O. Box 2008  
Dayton, OH 45401-2008
- Timely filing appeals must include proof of original receipt of the appeal by fax or EDI for reconsideration





# *Updates/Reminders*



# *Newborn Claims*

- Must be submitted with the newborn's RID.
- Must include the birth weight.
- Prior Authorization is required for non participating providers.



# ***Prior/Retro Authorization***

## **For Ancillary Providers**

In order for ancillary services requiring prior authorization to be approved, the services must be either authorized (specifically approving the ancillary services) or the primary service must be authorized. Typically an inpatient or outpatient facility will obtain prior authorization for services. However, in the event the facility does not obtain authorization, the providers group or entity delivering the care must obtain authorization. If the facility obtains an authorization, a second authorization for the group or entity is not needed.

### **Ancillary provider types:**

- Radiology
- Anesthesiology
- Pathology
- Hospitalist services
- Labs
- Other professional services performed in an inpatient or outpatient setting



# Member Billing

## Not permitted:

- Balance billing a member for a Medicaid-covered service
- Billing a member in emergent situations

## To charge a member for non-covered services, health partners must disclose in writing:

- Service to be rendered is not covered by Medicaid.
- Whether procedures or treatments that **are** covered by Medicaid are available in lieu of non-covered service.
- The health partner must offer, on a disclosure form, the members willingness to accept the financial responsibility of the non-covered service, the amount to be charged for the non covered service and the specific date the service is to be performed.
- **Documentation must be signed by member prior to rendering the specific non-covered service.**

**Note:** Medicaid covered services cannot be billed to the member.



# *Updates & Announcements*

Visit the **Updates and Announcements** page located on our website, <https://www.caresource.com/in/providers/tools-resources/updates-announcements/medicaid/>, for frequent network notifications.

Updates may include:

- Medical, pharmacy and reimbursement policies
- Authorization requirements



# *Important Updates*





# *Duplicate Modifiers*

Effective November 1, 2019, CareSource will reject claims prior to adjudication when the claim contains a duplicate modifier in the service line.

- Your EDI 999/997 HIPAA Acknowledgement will include a message to remove the duplicate modifier from your claim and resubmit.
- A retrospective review of claims is being conducted and claims may be adjusted if paid in error. Corrected claims may be submitted for claims included in the takeback. (timely filing guidelines will apply)



# *Inpatient Hospital Pre-Payment Claim Reviews*

CareSource has contracted with Equian, LLC to conduct itemized bill reviews specific to Inpatient Hospital Claims with the following:

- 1) Total allowed amounts equal to or greater than \$25,000.00
- 2) Diagnosis Related Group (DRG) outliers

Starting August 1, 2019, CareSource or Equian may contact you requesting itemized bills. Once the itemized bill is received and reviewed, billing adjustments will be made accordingly. A notice of claims review finding report will also be delivered to providers. This report will identify the line items and amounts adjusted. Typical adjustment categories include the following:

- Unbundling
- Billing Errors
- Hospital Acquired Condition
- Experimental Drugs & Procedures
- Implant Markups

Please contact Equian Claims Resolution team, at 1-888-895-2254, with questions.

<https://www.caresource.com/documents/in-p-0721-provider-faq-caresource-review/>



# ***Retrospective Authorizations***

## For Advanced Life Support

Effective June 15, 2019, Advanced Life Support (ALS) ambulance trips are required to have a retrospective authorization for services.

- Authorization requests must be submitted within **72 hours** after the date of trip.
- Failure to submit a retrospective authorization for ALS services may result in a claim denial.



# ***How to Reach Us***

<b>Provider Services</b>	<b>1-844-607-2831</b>
<b>Hours</b>	Monday to Friday 8 a.m. to 8 p.m. (EST)
<b>Member Services</b>	<b>1-844-607-2829</b>
<b>Hours</b>	Monday to Friday 8 a.m. to 8 p.m. (EST)



## CareSource Health Partner Engagement Representatives

Denise Edick, Manager, Health Partnerships  
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[Angelina.Warren@caresource.com](mailto:Angelina.Warren@caresource.com)

Stephanie Gates, Behavioral Health Partner  
Engagement Specialist (Southern Territory)  
317-501-6380

[Stephanie.gates@caresource.com](mailto:Stephanie.gates@caresource.com)

Brian Groevich, Ancillary, Associations and Dental  
317-296-0519

[Brian.Groevich@caresource.com](mailto:Brian.Groevich@caresource.com)

## Contracting Managers – Hospitals/Large Health Systems

Tenise Hill – North  
317-220-0861

[Tenise.Hill@caresource.com](mailto:Tenise.Hill@caresource.com)

Mandy Bratton – South  
317-209-4404

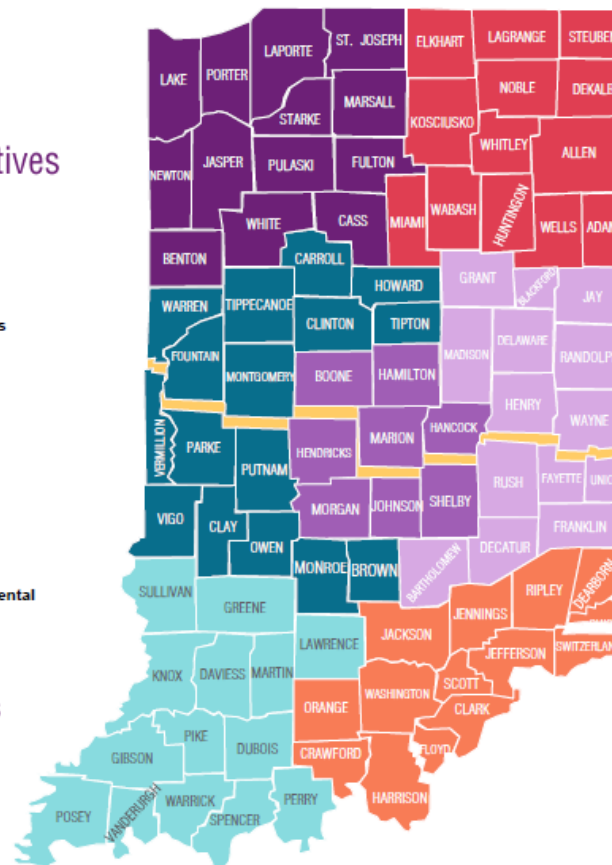
[Mandy.Bratton@caresource.com](mailto:Mandy.Bratton@caresource.com)

## Regional Representatives

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KentuckyOne, Norton, Baptist  
Health Floyd



A photograph of three children hugging outdoors. A young boy with light hair is in the background, smiling. In the foreground, a young girl with dark skin and curly hair is smiling, and another girl with light skin and brown hair is hugging her from behind. They are in a sunny outdoor setting with greenery and a house in the background.

# *Thank you!*

# *Session Survey - Tuesday*

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1010>



# *Session Survey - Thursday*

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1036>

